



Dear Healthcare Provider,

I thank you in advance for considering your patient eligible to participate in my wellness transformation Program, Well-Being. This is a 12 week multidisciplinary program where we provide education and coaching in the areas of cognitive behavioral therapy, nutrition, and fitness in order to empower patients to improve their health and wellness life-long. It is our primary goal to create behavioral habits obtainable and sustainable in order to meet the individual health needs and goals of each participant.

The program directs participants in one of two nutritional paths – low –carbohydrate or ketogenic nutrition. If your patient has Diabetes Mellitus and/or Hypertension, medical therapy changes will likely occur. I want to be sure there will be close follow up and communication opportunities for your patients participating in this program. This is most important for those patients on insulin therapy. Depending on their nutritional path, their net carbohydrate consumption will be less than 20-65 grams per day. Therefore, diabetic participants will be at risk for hypoglycemia without close monitoring. All diabetics will be asked to monitor their Blood Glucose levels at least 1-2 per day. It is common for participants to see a reduction in blood pressure as well. Therefore, close monitoring of antihypertensive agents is important to secure safety for your participants.

For our non-diabetic participants, we will be incorporating intermittent fasting to improve insulin resistance. If our diabetic participants are on antiglycemic agents, they will be asked to not exceed more than 12-14 hours of fasting per day, unless medically authorized by you.

The 12 week program is run by a team of passionate experts. Each participant will have access to a registered dietician, licensed mental health counselor, certified personal health coach, and certified fitness trainer. We provide meal planning, individual and team coaching, and group fitness classes.

My personal patients who have completed the program thus far have had great success in weight loss, reduction in Hemoglobin A1c, Triglycerides, FBG, Cholesterol/HDL ratio, and waist circumference. Their personal feedback has been tremendous.

As we transition into the world of accountable healthcare, it is vital we focus on primary and secondary disease prevention collectively. I am here to help you accomplish this as their healthcare provider. As healthcare providers we should function as a unified team. The future of medicine will require a Tribe of providers to best support the well-being of each individual patient.

I require diabetic and hypertensive patients to obtain consent from their personal healthcare providers before participating in our 12 week program. Please feel free to reach out to me should you have any specific questions regarding our program or the care of your patients.

I thank you in advance for your trust and support.

Warm Regards,

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Authorization for patient to participate in **Well-Being: A Tribe Planted with Purpose**

Patient Name: _____

DOB: _____

Does the patient have Diabetes Mellitus? _____

Does the patient require insulin to manage their diabetes? _____

Please list all medical therapies he/she is currently taking to manage his/her diabetes – include dosage and frequency.

Does the patient take antihypertensive therapy? _____

Please list which antihypertensive medications he/she is currently taking. Include dosage and frequency.

Please sign below if you provide consent for the above named patient to participate in the 14-week wellness transformation program, Well-Being. Your consent signifies your willingness to assist in their medication management as needed during the duration of the program in order to ensure the patient's safety.

Printed Name of Healthcare Provider and credentials (MD, DO, PT, or ARNP)

Signature of Healthcare Provider

Date
